



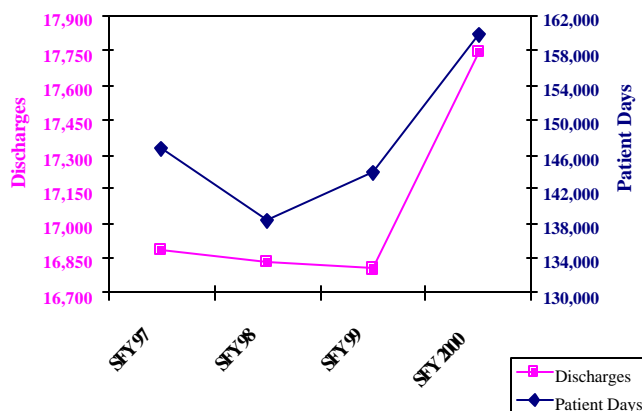
## Acute Care Hospitals' Psychiatric Discharges in Connecticut, State Fiscal Years 1997 - 2000

The Office of Health Care Access (OHCA) is continuing in its efforts to develop an analysis of the patterns of utilization and provision of all psychiatric services in Connecticut. In a 2000 report<sup>1</sup>, OHCA evaluated the statewide psychiatric inpatient care utilization patterns and concluded that in all the 41 facilities in the state, children under 18 years of age have the longest average length of stay - especially in state facilities. Due to the limited data available on the subject, the inconsistency of data elements and their definitions among agencies collecting the data, a more comprehensive analysis was not done.

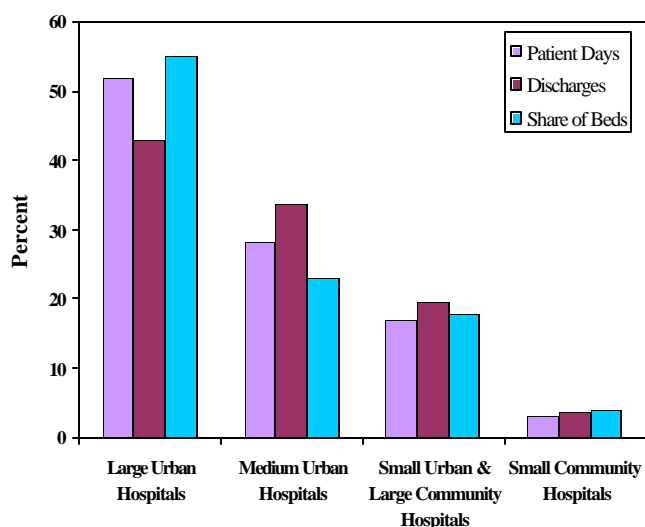
This brief supplements the 2000 report by trending inpatient psychiatric utilization patterns at the 31 acute care hospitals in Connecticut for state fiscal years (SFYs) 1997 through 2000<sup>2</sup>.

### Acute Care General Hospitals' Psychiatric Discharge Volumes and Total Patient Days

**Fig 1: Acute Care Hospitals' Psychiatric Discharges and Total Patient Days, SFYs 1997 - 2000**

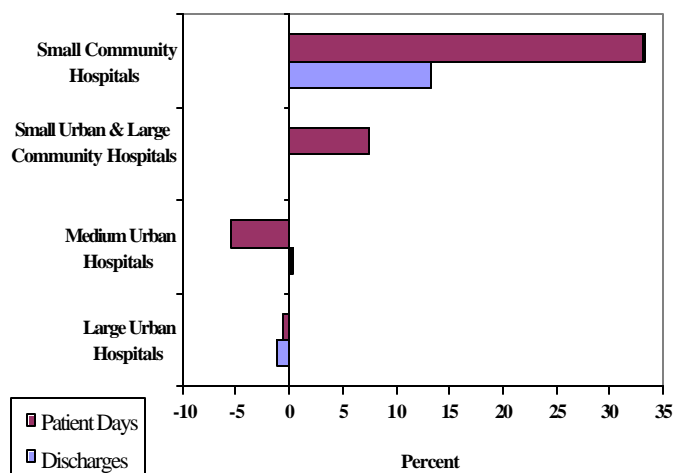


**Fig 2: Share of Discharges, Total Patients Days and Psychiatric Beds by Type of Acute Care Hospital, SFY 2000**



- For SFYs 1997 and 1998, acute care psychiatric inpatient discharges fell slightly (1%) but grew rapidly (5%) from 1999 to 2000.
- Similarly, total patient days declined by 6% between SFYs 1997 and 1998 but then grew dramatically (15.5%) by the end of SFY 2000.
- Despite these increases, the overall median<sup>3</sup> length of stay across all acute care general hospitals remained at six days.
- The states' sixteen large and medium urban general hospitals<sup>4</sup> had 78% (509) of all the state's acute care psychiatric beds, and accounted for 77% of all psychiatric discharges and 80% of total patient days.

**Fig 3: Percentage Changes in Hospitals' Share of Total Discharges and Total Patient Days, SFYs 1999 - 2000**

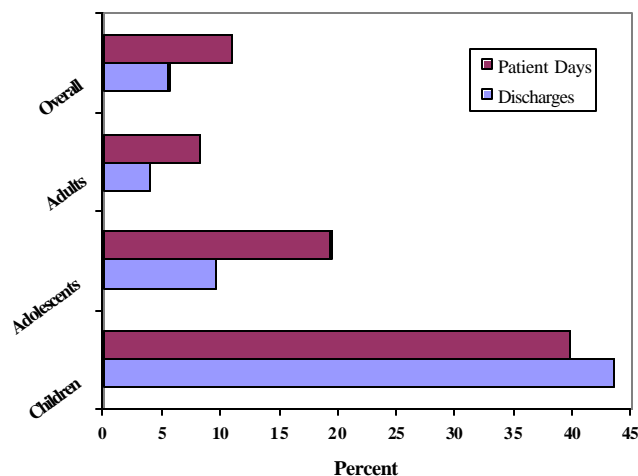


- Between SFYs 1999 and 2000, urban hospitals experienced an insignificant change in the volume of psychiatric discharges, but saw a significant reduction in total patient days (6%). However, the median length of stay remained at seven days for large urban hospitals and six days for medium urban hospitals.
- The two small community hospitals that provide psychiatric services have only 4% (twenty-nine) of the state's general hospital psychiatric beds, yet they experienced a 13% growth in the volume of discharges and a 43% increase in total patient days. Despite these increases, small community hospitals still had the lowest median length of stay (four days).
- The 15.5% increase in overall total patient days between SFYs 1997 and 2000 was due to two factors: One was a 13% increase in small community hospitals' share of psychiatric discharges and a corresponding 33% increase in total patient days. The second was a 7% increase in total patient days for small urban and large community hospitals although there was no change in their volume of discharges.

## Children and Adolescents Have Greatest Increase in Use of Psychiatric Services

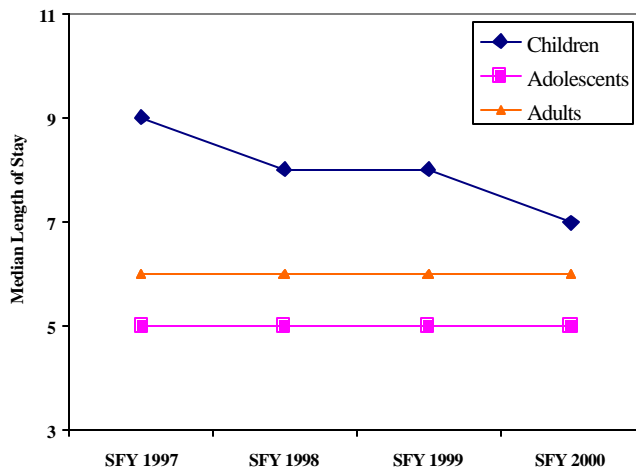
Three age categories are used to describe the acute care psychiatric discharges. These are children (less than 12), adolescents (12 to 17-year olds) and adults (18 years and older).

**Fig 4: Percentage Changes in Age Group Discharges and Total Patient Days between SFY 1999 and SFY 2000**



- Over the four years, the overwhelming majority of psychiatric discharges were adults. For every 100 discharges, eighty-nine were adults, seven were adolescents and four were children.
- Although there was a growth in the volume of psychiatric discharges and total patient days for the three age groups between SFY 1999 and SFY 2000, the increases for children were larger. Their share of acute care psychiatric discharges and total patient days grew by 36% and 26% respectively.
- Only in the case of the children did the increase in the volume of discharges (43%) exceed the increase in the total patient days (40%).
- Since the increase in discharges of children exceeded the increase in their total patient days, it is not surprising that their median length of stay dropped from eight days in SFY 1999 to seven days in SFY 2000.

**Fig 5 : Median Length of Stay For Acute Care Hospitals' Psychiatric Discharges by Age Groups, State FYs 1997 - 2000**

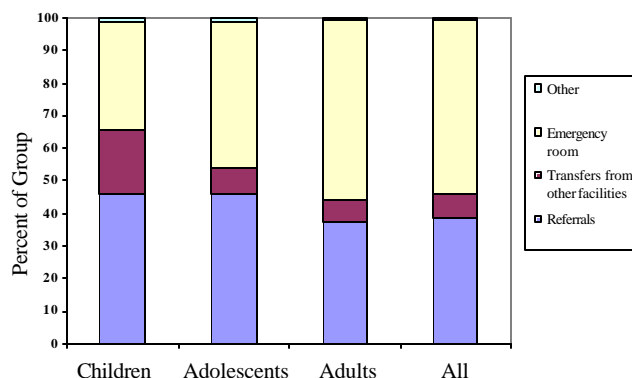


- Despite this one-day drop in the median length, children still had the highest median length of stay and adolescents, the lowest (five days).

## Referral Sources for Psychiatric Inpatients

Acute care psychiatric discharges were admitted to the hospital through four sources. One was through referrals from a doctor, a Health Management Organization (HMO) or from a clinic. The second was as a transfer from other medical facilities (a hospital or a skilled nursing facility). A third source was the emergency room and the fourth was by other sources (such as an admission ordered by a court or law enforcement agency).

**Fig 6: Sources of Admission for Psychiatric Discharges by Age Groups, SFY 2000**

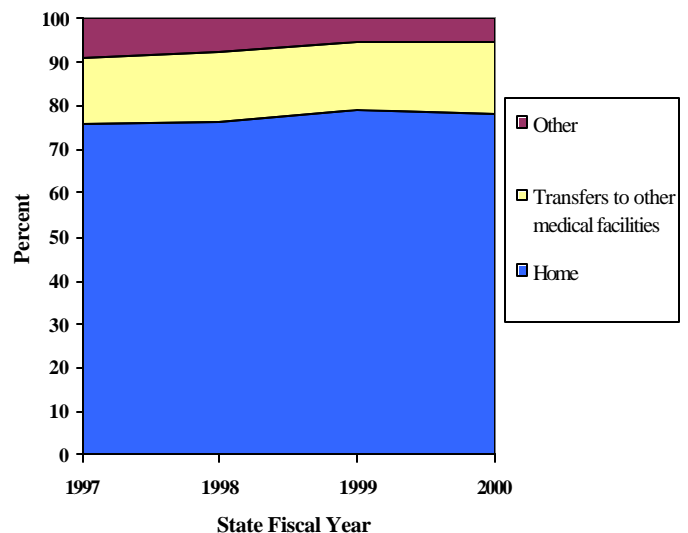


- 53.7% of all psychiatric discharges were admitted through the emergency room.
- The primary source of admission for children, however, was referrals, although a considerable number (three of every ten children) were also admitted through the emergency room.
- Adults were more likely to be admitted through the emergency room.
- Adolescents had almost an equal chance of being admitted through a referral or through an emergency room.

## Destinations of Psychiatric Discharges

Psychiatric patients are either discharged home, to other medical facilities (skilled nursing facilities, intermediate care facilities or other types of institutions), or they left against medical advice or expired (“other”).

**Fig 7 : Destinations of Psychiatric Discharges, SFYs 1997 - 2000**



The vast majority (78%) of acute care psychiatric patients are discharged home, 17% are transferred to other medical facilities and 5% to other. The three age groups have similar discharge patterns.

## Classifications of Psychiatric Diagnoses

There are nine broad classifications of psychiatric diagnoses. In SFY 2000, the most common diagnosis for adults and adolescents was psychosis. Childhood mental disorders was the most common diagnosis for children.

**Fig 8: Diagnoses by Psychiatric Discharges by Ages, SFY 2000**

Diagnosis Description	FY 2000			Total
	Children	Adolescents	Adults	
Psychoses	192	725	13,140	14,057
Depressive Neuroses	42	187	673	902
Organic Disturbances & Mental Retardation	17	6	776	799
Neuroses except Depressive	126	86	367	579
Acute Adjustment Reactions & Disturbance of Psychosocial Dysfunction	37	29	470	536
Childhood Mental Disorders	278	171	57	506
Disorders of Personality & Impulse Control	25	63	201	289
OR Procedures with Principal Diagnosis of Mental Illness	-	2	37	39
Other Mental Disorders Diagnoses	6	12	19	37
<b>TOTAL</b>	<b>723</b>	<b>1,281</b>	<b>15,740</b>	<b>17,744</b>

## Conclusion

In SFYs 1999 and 2000, the volume of acute care psychiatric discharges and their total number of days increased. Most of this increase occurred in small community, small urban and large community hospitals. The increase in the volume of discharges occurred primarily at small community hospitals that tended to have the shortest median lengths of stay. Although an overwhelming majority of the discharges were adults, the largest increases in volumes were in the discharges of children. In general, most acute care psychiatric patients were discharged home although a small fraction was discharged to other medical facilities.

The examination of inpatient psychiatric care is only a partial representation of acute care psychiatric services. On average, there are over 310,000 annual acute care outpatient psychiatric visits but patient-level data is currently unavailable.

<sup>1</sup> Behavioral Health Utilization in Connecticut, November 2000.

<sup>2</sup> Psychiatric discharges were determined using the ICD-9-CM Diagnosis Related Groups (DRG) codes 424 - 432.

<sup>3</sup> The median divides the distribution of length of stay in half and is not affected by extreme cases (outliers); it is preferable to the average length of stay since the latter is sensitive to occurrences of extreme cases and tends to either over or underestimate.

<sup>4</sup> Hospital grouping is solely for reporting purposes ~~and was done initially in OHCA's Annual Report on the Financial Status of Connecticut's Short-term Acute Care General Hospitals.~~ See Appendix 1.

## -Appendix 1-

### Types of Acute Care Facilities and Number of Psychiatric Beds, FY 2000

Large Urban Hospitals		Medium Sized Urban Hospitals	
# of Beds		# of Beds	
Bridgeport	32	Danbury	20
CT Children's	-	Lawrence & Memorial	18
Hartford	139	Middlesex	16
John Dempsey	35	New Britain	35
St Francis	61	Norwalk	20
St Raphael	25	St Mary's	8
Yale-New Haven	68	St Vincent's	12
		Stamford	25
		Waterbury	30
<b>360</b>		<b>184</b>	

Small Urban/Large Community Hospitals		Small Community Hospitals	
# of Beds		# of Beds	
William Backus	18	Bradley	-
Bristol	16	Johnson	17
Dav Kimball	15	Milford	-
Griffin	16	New Milford	-
Charlotte Hungerford	15	Rockville	-
Manchester	30	Sharon	12
Midstate	10		
Greenwich	-		
Windham	-		
<b>120</b>		<b>29</b>	

**Total Number of Beds 693**